

PART B—ISSUE FEE TRANSMITTAL

1.210.00-142-13

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

DAVID A KALOW
LIEBERMAN & NOWAK
292 MADISON AVE., 8TH. FLOOR
NEW YORK, NEW YORK 10017

18M2/0725

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

07/841,940

02/26/92

019

CRANE, L.

1803

07/25/95

First Named Applicant

WARD,

DAVID G.

TITLE OF INVENTION

MODIFIED NUCLEOTIDES AND POLYNUCLEOTIDES AND COMPLEXES FORM THEREFROM
(AS AMENDED)

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1

1280-4014-US

536-024,300

N68

UTILITY

NO

\$1210.00

10/25/95

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1. RONALD C. FEBUS

2. JOHN J. SANTALONE

3.

DO NOT USE THIS SPACE

RT09259 10/02/95 07841910
060 AG 10/03/95 07841910

05-1135 090 561
1 142 1,210.00 CK

60:00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE

YALE UNIVERSITY

(2) ADDRESS: (CITY & STATE OR COUNTRY)

New HAVEN, CONNECTICUT

5a. The following fees are enclosed:

☒ Issue Fee ☐ Advance Order - # of Copies

5b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 05-1135
(ENCLOSE PART C)

Issue Fee ☒ Advance Order - # of Copies 20

☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

John J. Santalone
JOHN J. SANTALONE

(Date)

9/19/95

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

over